

<i>SERFF Tracking Number:</i>	<i>ARKS-125876170</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>14265 - INDIANA LUMBERMENS MUTUAL INS CO</i>	<i>State Tracking Number:</i>	<i>#90041652 \$50</i>
<i>Company Tracking Number:</i>	<i>4573</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability Portion Only</i>	<i>Sub-TOI:</i>	<i>05.1000 CMP Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Commerical Multi-Peril</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO		
Product Name: Commerical Multi-Peril	SERFF Tr Num: ARKS-125876170	State: Arkansas
TOI: 05.1 Commercial Multi-Peril - Non-Liability	SERFF Status: Closed	State Tr Num: #90041652 \$50
Portion Only		
Sub-TOI: 05.1000 CMP Sub-TOI Combinations	Co Tr Num: 4573	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Llyweyia Rawlins, Brittany Yielding
	Author:	Disposition Date: 10/29/2008
	Date Submitted: 10/28/2008	Disposition Status: Approved
Effective Date Requested (New): 12/01/2008		Effective Date (New): 12/01/2008
Effective Date Requested (Renewal): 12/01/2008		Effective Date (Renewal): 12/01/2008
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/29/2008	
State Status Changed: 10/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Company and Contact

SERFF Tracking Number: ARKS-125876170 State: Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90041652 \$50
INS CO
Company Tracking Number: 4573
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1000 CMP Sub-TOI Combinations
Portion Only
Product Name: Commerical Multi-Peril
Project Name/Number: /

Filing Contact Information

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

14265 - INDIANA LUMBERMENS MUTUAL CoCode: 14265 State of Domicile: Arkansas
INS CO
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number:	ARKS-125876170	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/29/2008	10/29/2008

SERFF Tracking Number:	ARKS-125876170	State:	Arkansas
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Disposition

Disposition Date: 10/29/2008
Effective Date (New): 12/01/2008
Effective Date (Renewal): 12/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125876170 State: Arkansas
 Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90041652 \$50
 INS CO
 Company Tracking Number: 4573
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 Portion Only
 Product Name: Commerical Multi-Peril
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125876170		Yes

SERFF Tracking Number:	ARKS-125876170	State:	Arkansas
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Product Name:	Commerical Multi-Peril		
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Rate Information

Rate data does NOT apply to filing.

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<i>Product Name:</i>	<i>Commerical Multi-Peril</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

Satisfied -Name:	ARKS-125876170	Review Status:	10/29/2008
Comments:			
Attachment:			
ARKS-125876170.pdf			



ARKS-125876 MO

CHK# 90041652

\$50

Indiana Lumbermens Mutual Insurance Company - ILM

National Building Material Assurance Company - NBMA

Lone Star National Insurance Company - LSN

Approved until withdrawn
or revoked

October 22, 2008

OCT 29 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 W 3rd St
Little Rock, AR 72201-1904

Arkansas Insurance Department
By: *LR*

RECEIVED

OCT 29 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Re: INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY
NAIC # 14265
ILM FILING # 4573
Commercial Output Program
Form Filing

Indiana Lumbermens is a member of AAIS for the Commercial Output Program. We are filing for your approval independent form 17931008 - Protective Devices and Services Endorsement. This form will replace AAIS form CO 1238 04 02 - Protective Devices Endorsement. The form adds additional conditions for the maintenance of protective devices and services on covered property and notification procedures in the event of the disablement or failure of those devices and services. A marked-up copy of the form has been included in the supplementary documentation showing the variations between the filed form and CO 1238.

We are requesting an effective date of 12/1/2008.

Enclosed are the required copies of the filing, including transmittals, filing fees, certifications, and supplements, as may be required by the Commissioner's office, along with a postage paid envelope for your convenience in replying.

Respectfully submitted,

Christopher Noland
Regulatory Compliance Specialist
(800) 428-1441 EXT 606
cnoland@ilmgroup.com

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only Approved until withdrawn or revoked OCT 29 2008 Arkansas Insurance Department By: <i>RR</i>

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name				Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	
Indiana Lumbermens Mutual Insurance Co.	IN	14265	35-0410420	


RECEIVED

OCT 27 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

5. Company Tracking Number	4573
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Christopher Noland 3600 Woodview Trace Indianapolis, IN 46268	Compliance Specialist	800-428-1441 x606	866-293-6591	cnoland@ilmgroup.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Christopher Noland		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	5.1000 Commercial Multi-Peril Non-Liability Portion			
10. Sub-Type of Insurance (Sub-TOI)	5.1000 CMP Sub-TOI Combinations			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	12/1/2008	Renewal:	12/1/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	10/22/08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 4573

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 90041652
Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	4573			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Protective Devices and Services Endorsement	17931008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

THIS ENDORSEMENT CHANGES THE POLICY - PLEASE READ IT CAREFULLY

PROTECTIVE DEVICES AND SERVICES ENDORSEMENT

As specified below, this endorsement modifies the provisions of the Commercial Output Program - Property Coverage Part. This endorsement also applies to the Commercial Output Program - Income Coverage Part when attached to the policy. If indicated on the Protective Devices and Services Schedule, the following conditions apply to the locations described on the schedule.

OTHER CONDITIONS

"Protective Devices and Services" - "You" are required to maintain at all times during the policy period the "protective devices and services" described on the Protective Devices and Services Schedule.

Notification Procedures - "You" are required to notify "us" 72 hours prior to any scheduled disablement, disconnection, impairment or suspension of the use of "protective devices and services". "You" are required to notify "us" within 4 hours of any known unscheduled disablement, disconnection, impairment or suspension of the use of "protective devices and services".

Notification must be made directly to "our" Customer Service Department. "We" will confirm acknowledgment of the change in status by providing "you" with a "Protective Device and Service" Interruption Report Number (PDSI).

DEFINITIONS

"Protective Devices and Services" means sprinkler and fire suppression systems, fire and burglar alarms, safety sensors, security and anti-theft monitoring programs or any other

mechanism(s), equipment or services used to protect "your" location(s).

PERILS EXCLUDED

As respects the locations specified in the Protective Devices and Services Schedule, the following exclusion is added to Perils Excluded:

"We" do not pay for any loss or damage caused directly or indirectly by fire or "theft" if, prior to the fire or "theft", any of the following occur:

1. "You" had knowledge of any disablement, disconnection, suspension or impairment in any "protective device or service" described on the Protective Devices and Services Schedule and did not notify "us" as described in OTHER CONDITIONS, Notification Procedures;
2. "You" failed to maintain in complete working order, any "protective device and service" described on the Protective Devices and Services Schedule which "you" control.
3. "You" failed to halt activity such as, but not limited to, welding, handling or dispensing of flammable liquids, use of open flame heaters, or spark generating equipment which present the potential risk of fire at the location until the disablement, disconnection, impairment or suspension of any "protective device and service" related to such potential risk is remedied and the operation of the "protective device and service" is restored.
4. "You" failed to exercise reasonable care to promptly restore the operation of the "protective device and service"; or
5. "You" failed to employ continual manual observation of the location until the operation of the "protective device and service" is restored.

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